

7. Residential Address (Permanent Address)

	1st Applicant	2nd Applicant	3rd Applicant
Flat No. / Bldg. Name			
Street & Cross			
Area / Locality			
City and District			
State and Country			
Pin Code			
Phone No.			
Mobile			
E-mail			

8. Correspondence Address

	1st Applicant	2nd Applicant	3rd Applicant
Flat No. / Bldg. Name			
Street & Cross			
Area / Locality			
City and District			
State and Country			
Pin Code			
Phone No.			
Mobile			
E-mail			

9. Operating Instructions (Please mark '0' in appropriate box)

Self	Either or survivor	Jointly	Former or Survivor	Any one or survivors	Others (specify)

10. Facilities Required

Cheque Book	ATM Card	Internet Banking	Pass Book

11. Other Information

Education		Non Matric	Graduate	Post Graduate	Others (specify)
	1				
	2				
	3				

Professional		Doctor	Architect	Chartered Accountant	IT Consultant	Engineer	Advocate	Priest	Others
	1								
	2								
	3								

Business		Manufacturing	Trading	Real Estate	Agriculture	Lawyer	Others
	1						
	2						
	3						

12. Other Accounts if any in the Bank :-

Account Type	Account No	Branch	Account Type	Account No	Branch

13. Accounts if any in Other Banks :-

	Account Type	Account No	Bank	Branch
1				
2				
3				

14. Relationship with staff and Director

	Name of the Staff	Relation Ship	Name of the Director	Relationship
1				
2				
3				

15. Introduction :-

Name :	Type of A/c SB/CA/CC/OD/Membership :-		
Address :	Account No :-		MemberNo. <input type="text"/>
	Date of Opening of A/C:-		
	Customer ID :-		
Phone No.:	Branch Name :-		
E-mail ID :	Familiarity Period :-		

I/we certify that, Mr. Mrs _____ is/are known to me personally since last _____ months / year and confirm the occupation and address stated in the this application form for opening are correct to the best of my / our knowledge & belief. I recommend that the bank may consider to open the account.

Date :

INTRODUCER SIGNATURE

(Name _____)

16. Nomination Details

Name of the Nominee	Address of the Nominee	Relationship with depositor	Age	If Minor Date of Birth & Guardian Name

SIGNATURE OF THE APPLICANT

17. KYC Identification Documents :-

Photo Identification		Address Proof	
1. Pass Port		1. Pass Port	
2. Driving License		2. Driving License	
3. Voter Identity Card		3. Voter Identity Card	
4. PAN Card or any other Govt. ID Card with Photo		4. PAN Card or any other Govt. ID Card with Photo	
5. Others (specify)		5. Others (specify)	

I/We.....here by request you to open a Savings Bank Account in My/our Name in the books of the Bank.

I/We request and authorize you to honour all Cheques or other Orders drawn by me/us on the said account and I/We request you to Debit such Cheques as also the amount of any dishonoured Cheques to the said account whether such account be for time being in Credit.

In the matter of Cheques payable at other Branches / Banks, lodged by me/us from time to time for collection, I/we authorize you to send the same for the collection by ordinary post or recorded delivery entirely at my/our risk and responsibility, provided, however, these drafts / Cheques, bills are for amounts not more than Rs. 2500/- and Rs.10000/- respectively in each case. In the case of Cheques, bills etc., payable at places where you have not established your Branches. I/we authorize you to collect them through any Bank entirely at my/our risk and responsibility. Where drafts/cheques are negotiated by you and same are lost in transit or otherwise I/we hereby agree to reimburse to you the full amount of such drafts/cheques on demand. It is distinctly understood by me/us that you shall not be liable to pay the amount until they are realized in cash by you.

I/we agree to comply with and to be bound by the Bank's rules for the time being in force for the conduct of such accounts. I/we declare that the rules now in force have been read by/to me/us.

I/we here by affirm that I/we will maintain minimum balance in the Account, if not Bank may deduct the minimum balance charges as per the Bank rules.

Date :

Signature
1st Applicant

Signature
2nd Applicant

Signature
3rd Applicant

OFFICE NOTE (TO BE FILLED BY THE BRANCH OFFICIAL)

A/C Type & A/C No.			ID :	
Customer Type	General / Staff / Senior Citizen / Institution / Societies / Others			
Individual / Other				
Customer of the Branch (If Customer is having any other account in Branches please mention the Branch name and also A/c. No.)	Customer ID	A/C Type	A/C No	Branch Name
Introducer A/c. No. Name	Account type	A/c. No.	Membership No.	Name of the Introducer
Verification of Documents, (Specify the Name of the documents obtained for compliance KYC norms)	1.			
	2.			
	3.			
Whether All the document have been verified or not	Yes / No.			
Whether Specimen Signature Scanned or not	Yes / No.	If Yes	Scanned by	Verified By

I/we here by certify that we have verified all the details provided by the Applicant and the Applicant's have been signed before me..

Signature : _____
Opened by _____ **Verified By** _____ **Approved By** _____
Name : _____
Designation : _____
Date : _____